CIGNA Dental Care – Your Questions Answered





Smile

You're being offered the CIGNA Dental Care plan – the plan that makes it easy and affordable to do the simple things necessary to take care of your dental health. Here are answers to the most frequently asked questions:

Q: How do I choose a dentist?

A: Select one from the Dental Office Directory and indicate your choice when enrolling. For the most current information on network dentists in your area, use the automated Dental Office Locator by calling 1.800.367.1037 or visit our web site at www.cigna.com. Both are available 24 hours a day.

Q: How do I find out about the dentist's training and experience?

A: The provider directory on mycigna.com lists the network dentist's dental school and year of graduation. If you need more information, call the dentists you're considering and talk to them personally. Ask them about their experience and education. You can also call CIGNA Dental Member Services at 1.800.367.1037 for more information.

Q: Can I change my office selection?

A: Yes. There are three ways to change your office selection: (1) go to mycigna.com (registration is required), (2) call Member Services to speak to a friendly representative, or (3) follow the prompts from the main menu to use our automated Quick Transfer option. In most cases, the change will take effect on the first day of the following month.

Q: Can family members use different dentists?

A: Yes. Member's Choice allows family members to select their own network general dentists.

Q: What if I need to see a specialist?

A: Your network general dentist will make a referral to a participating specialist. Once payment is approved, your costs will be those listed on your Patient Charge Schedule.

Q: If I just joined the CIGNA Dental Care plan, can I keep my current dentist?

A: If your current dentist is a CIGNA Dental Care network dentist, you can choose them as your network dental office. If the Dental Office Directory indicates that the office is not accepting new patients, please contact Member Services at 1.800.367.1037 for assistance.

Q: How will my first visit work?

A: Just schedule an appointment and let the office know that you are a new CIGNA Dental Care patient.





Q: Can I receive dental care if I haven't received my ID card yet?

A: Yes. Contact your selected network dental office and indicate you are a CIGNA Dental Care member. If for some reason your name does not appear on the dental office roster, the office will call us to verify membership. If a problem persists, contact Member Services at 1.800.367.1037 for assistance.

Q: Are braces covered?

A: Orthodontic coverage for both children and adults is available – check your Patient Charge Schedule for details. If you started orthodontic treatment before you joined the CIGNA Dental Care plan, the financial arrangement you have with your orthodontist will not change. Call Member Services to determine if any contribution from CIGNA Dental is available.

Q: Can I get a second opinion?

A: Absolutely, just call Member Services. They'll help you make the arrangements.

Q: Do I have to pay the dentist when the services are performed?

A: Financial arrangements are established between members and their network dentists. Most dentists will work with their patients to arrange a payment schedule that is acceptable to both parties involved.

Q: Can I be billed for services above the amount listed on the Patient Charge Schedule?

A: Procedures covered under the plan have fixed charges shown on the Patient Charge Schedule. Before dental treatment is performed, you should discuss the treatment plan's financial responsibilities with your dentist. If you have any questions, contact Member Services at 1.800.367.1037.

Q: How do I handle dental emergencies away from home?

A: Call Member Services for the name of a nearby network dentist. If one is not available, see any dentist and we'll reimburse you for up to \$50 of your costs, less applicable patient charges unless otherwise noted in your plan.

Q: Are pre-existing conditions covered?

A: Generally, pre-existing conditions are covered. However, any treatment begun before your effective date of CIGNA Dental Care coverage for crown or bridge, dentures, or root canal treatment in progress would not be covered.

Still have questions? Call Member Services at 1.800.367.1037 or visit our Web site at www.cigna.com



CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of California, Inc., CIGNA Dental Health of Colorado, Inc., CIGNA Dental Health of Belaware, Inc., CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska), CIGNA Dental Health of Kentucky, Inc., CIGNA Dental Health of Maryland, Inc., CIGNA Dental Health of Missouri, Inc., CIGNA Dental Health of New Jersey, Inc., CIGNA Dental Health of North Carolina, Inc., CIGNA Dental Health of Ohio, Inc., CIGNA Dental Health of Pennsylvania, Inc., CIGNA Dental Health of Texas, Inc., and CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company or CIGNA HealthCare of Connecticut, Inc., and administered by CIGNA Dental Health, Inc.